

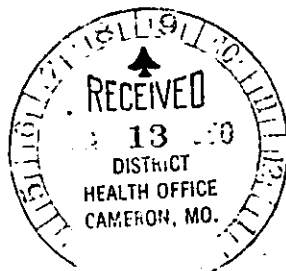
FILED MAR 15 1950 STANDARD CERTIFICATE OF DEATH

State File No. 4475

BIRTH NO.		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 5449		Registrar's No. 92	
1. PLACE OF DEATH a. COUNTY <u>farm-home. Gentry Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City Mo. R.R.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>King City Mo. R.R.</u> 0380			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Edwin</u>		b. (Middle) <u>Joseph</u>		c. (Last) <u>Lowery</u>	
4. DATE OF DEATH		(Month) <u>3.1.1950</u>		(Day)		(Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 14.1872</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>15</u>		IF UNDER 1 HRS. Hours <u>11</u> Mins. <u>11</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>		11. BIRTHPLACE (State or foreign country) <u>Gentryville Mo. D</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Lowery</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Allenbrand</u>		14. NAME OF HUSBAND OR WIFE <u>Sallie.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sallie Lowery King City Mo. R.R.</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure; ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of pylorus with metastasis to small intestine & Irradiation</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>small intestine</u> DUE TO (c) <u>Irradiation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> <u>151X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>19</u> , to <u>3.1.1950</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>3.1.1950</u> , 19 <u>50</u> , and that death occurred at <u>5:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Back H. Barnes Jr</u> (Degree or title)				23b. ADDRESS <u>King City Mo.</u>		23c. DATE SIGNED <u>3.4.1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3.4.1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview.</u>		24d. LOCATION (City, town, or county) (State) <u>King City Mo. R.R.</u>	
DATE REC'D BY LOCAL REG. <u>March 11-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edith Childs</u> 430		25. FUNERAL DIRECTOR'S SIGNATURE <u>R. J. Taggart</u>		ADDRESS <u>King City Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

R. J. Toggall

Licensed Embalmer No. 2563

P. O. Address King City Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.: (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.